. :											
Application or Docket Number											
MALL ENTITY OTHER THAN YPE OR SMALL ENTITY											
RATE	FEE]	RATE	FEE							
BASIC FEE	385.00	OR	BASIC FEE	770.00							
X\$ 9=		OR	X\$18=	54							
X43=		OR	X86=								
+145=		OR	+290=	·							
TOTAL		OR	TOTAL	824							
OTHER THAN SMALL ENTITY OR SMALL ENTITY											
RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE							
X\$ 9=		OR	X\$18=								
X43=	·	OR	X86=								
+145=		OR	+290=								
TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE								
RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE							
X\$ 9=		OR	X\$18=								
X43=		OR	X86=								
+145=		OR	+290=								
TOTAL		OR	TOTAL								

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Encouve October 1, 2000									101.	<u>-6</u>	<u>5.04</u>	07
CLAIMS AS			S FILED - PART I (Column 1)		•		SMALI TYPE	SMALL ENTITY TYPE		OR	OTHER	
TOTAL CLAIMS		23				RAT	Ε	FEE		RATE	FEE	
FOR .		NUMBER FILED		NUMBER EXTRA		BASIC	FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			23 minus 20=		• 3		X\$ 9	=		OR	X\$18=	54
INDEPENDENT CLAIMS			3 minus 3 = *		0		X43:	=		OR	X86=	
MULTIPLE DEPENDENT CLAIM PR			RESENT			+145	_		OR	+290=		
* If the difference in column 1 is less than zero, ente				ro, enter	"0" in c	column 2	TOTA	\dashv		OR	TOTAL	824
CLAIMS AS AMENDED - PART II								_	· .		OTHER	
(Column 1)			(Column 2) (Column 3)			SMAL	L E	NTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIC PAID I	BER OUSLY	PRESENT EXTRA	RATE		ADDI- TONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9:	=		OR	X\$18=	
	Independent	*	Minus	***	- C/ A/14	=	X43=			OR	X86=	
L	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	ENDEN	CLAIM		+145:			OR	+290=	
					•		TOT			OR ,	TOTAL	
		(Column 1)		(Colum	nn Ö)	(Column 3)	ADDIT. F	EE L		, ,	ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	EST BER OUSLY	PRESENT EXTRA	RATE		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9=	: .		OR	X\$18=	
	Independent	* NTATION OF MU	Minus	***	CI AIM	=	X43=			OR	X86=	
	FINOT PRESE	NIATION OF MC	CHIPLE DEP	ENDENT	CLANVI		+145=			OR	+290=	
							TOTA ADDIT, FE			OR ,	TOTAL ADDIT. FEE	•
		(Column 1)		(Colum		(Column 3)			٠.			•
AMENDMENT C	`	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER	PRESENT EXTRA	RATE		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9=			OR	X\$18=	
	Independent	*	Minus	***		=	X43=			OR	X86=	
	FIRST PRESE	NTATION OF ML	ILTIPLE DEP	ENDENT	CLAIM		+145=	+		OR	+290=	
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											